BEST AVAILABLE CO	ΡY
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0

TOTAL CLAIMS 3 (RATE FEE RATE FOR 03 140 NUMBER FILED NUMBER EXTRA BASIC FEE 355.00 OR BASIC FE	R THAN ENTITY FEE		
TOTAL CLAIMS 3 (RATE FEE RATE FOR 03 140 NUMBER FILED NUMBER EXTRA BASIC FEE 355.00 OR BASIC FE	FEE		
FOR U3 1401 NUMBER FILED NUMBER EXTRA BASIC FEE 355.00 OR BASIC FE	1		
FOR US 1910 HOMBERTEES HOME	710.00		
2/	1		
TOTAL CHARGEABLE CLAIMS 3 / minus 20= 1 // X\$ 9= 99.00R X\$18=			
INDEPENDENT CLAIMS 8 minus 3 = 5 X40= 200. CR X80=			
MULTIPLE DEPENDENT CLAIM PRESENT +135= OR +270=			
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL 654. OR TOTAL			
CLAIMS AS AMENDED - PART II OTHER THAN			
(Column 1) BYOM (Column 2) (Column 3) SMALL ENTITY OR SMALL	ADDI-		
REMAINING NUMBER PRESENT PATE TOWAL RATE	TIONAL		
AFTER AMENDMENT PAID FOR EXTRA PAID FOR STATE Total			
Independent - // Minus X40= 29 OR X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 1 +135= OR +270=			
TOTAL O C OS TOTA			
DY 18 0			
ADDI-	ADDI-		
REMAINING AFTER PREVIOUSLY PAID FOR TOTAL TOTAL THE PREVIOUSLY PAID FOR THE PREVIOUSLY PAID FOR TOTAL THE PREVIOUSLY PAID FOR TOTAL THE PREVIOUSLY PAID FOR THE PAID FOR TH	TIONAL		
Total • 44 Minus • 40 = 4 X\$ = 100 OR X\$185			
Independent - / Minus = X40= (00 OR X80=			
+135= OR +270=			
ADDIT. FEE DIL. OR ADDIT. FE			
(Column 1) (Column 2) (Column 3)			
CLAIMS HIGHEST PRESENT ADDI-	ADDI- TIONAL FEE		
Total - Minus -			
Independent - Minus - I			
FIRST PRESENTATION OF MOCTIFLE DEPENDENT COMM	-		
+135= OR +270=			
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.			